Wisconsin ServicePoint

The Wisconsin Assessment

January 22, 2004

WISP 3x - The Wisconsin Assessment

The Wisconsin Assessment is a WISP data collection screen developed by Bureau of Housing staff to help agencies capture essential data elements and information that need to be reported to the Department of Housing and Urban Development (HUD), the Bureau of Housing (BOH), agency management or grantors. This assessment will be attached to your Basic Client Profile in an Emergency Shelter screen or it will be found under the Entry/Exit brown button in ClientPoint for all other programs/projects.

NOTE: When completed, the Wisconsin Assessment screen supplies a large share of required client data and information, HOWEVER all required HUD and BOH data and information is **not** provided in this assessment alone. For other HUD and BOH required data and information fields. See also the:

- **Client Profile** screen in ClientPoint,
- **Wisconsin Exit Assessment** found under the Entry/Exit brown button in ClientPoint,
- **Wisconsin Medical Assessment** either attached to the Basic Client Profile screen or visible under the gray Assessments tab in ClientPoint,
- **Wisconsin Additional Profile Assessment** found in the green box under the gray Assessments tab in ClientPoint,
- **Wisconsin DV/SA Assessment** shown attached to the Basic Client Profile for DV/SA agencies, and
- **Service Transactions**, a gray tab in ClientPoint

The Wisconsin Assessment screen is divided into the following six main areas:
1. **Entry Data** (Completed only when the WI Assessment is found under the Entry/Exit brown button.)
2. **Homeless Information**
3. **Residential Information**
4. **Demographic Information**
5. **Financial and Employment Information**
6. **Services Provided**

ENTRY DATA (*The three questions below are completed only when the WI Assessment is found under the Entry/Exit brown button*)
1. **Provider-** The name of the provider (agency, program, project,) that you are entering data for should be shown here.   If it is not shown here select the provider from the picklist (down arrow). At a minimum your Level 1 agency name should be shown, AND/OR the programs and projects at your agency. NOTE: If your programs and projects are not listed on your agency profile page in the Child Provider box they will not show up here.
2. **Type**-This is where you indicate the type of entry you want the client data to go into. There are four choices: Basic Entry/Exit, HUD 40118, Quick Call, and Standard Entry. Consult the "Entry Report Type Based on Program Used" table (**Appendix A**) to determine which type of report to select here.
3. **Entry Date**- This date is auto filled when you open the Entry screen. You can re-set the date and time if you want to change them.

HOMELESS INFORMATION

1. **Assessment Date** – This date is auto-filled, but you can change the date if you wish.
2. **Is the Client Homeless?** *State/Agency/implied HUD requirement* (2.1 to 2.9) (Homeless definition below is based on HUD's definition of homeless found in Title I, Section 103 of the McKinney-Vento Homeless Assistance Act.)

HOMELESS

A. An individual who lacks a fixed, regular, and adequate nighttime residence; and

B An individual who has a primary nighttime residence that is--

(1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

(2) an institution that provides a temporary residence for individuals intended to be institutionalized; or

(3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

NOTE: For purposes of homeless prevention programs and services, an individual or family with an imminent loss of housing due to receipt of an eviction notice and/or notice of termination of utility service, is homeless by HUD standards.

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3. **Homeless Based upon the Local Definition of Homelessness** – There are situations where your agency may consider a person homeless, and provide them service(s), even though according to HUD they are not homeless. For example, if a person doubles up with another person in a housing location, this person is actually homeless by some local definitions, but not homeless according to HUD. Agencies that receive funding from sources other than HUD might provide service(s) to just such a person. If this is the case for your agency, then you would select "Yes" here.

Numbers 4-10 concern the location where the client spent the previous night.

4. **Type of Living Situation –** This is a picklist that provides a wide selection of possible locations where a client could have spent the previous night, plus the selection "Other". Select the term that best describes where the client spent the previous night. Most are self explanatory. If the reason is not listed then select "Other". *This is expected to be a HUD Required Field (2.7).*
   A. Nursing Home
   B. Owns Home – Either solely or jointly, with or without a mortgage
   C. Rental House/Apartment-With a signed lease in effect
   D. Corrections Facility/Jail
   E. On the Street-Could be in an auto, truck, boat, train car, under a bridge, etc
   F. Domestic Violence Situation – Wherever the client spent the previous night domestic violence was involved
   G. Hospital
   H. Emergency Shelter – Facility-based or scattered site unit that provides shelter, usually for 30-days or less
   I. Living With Family-Could be blood relatives or in-laws
   J. Living With Friends
   K. Substandard Housing-Not up to city or county code standards for approved residential housing
   L. Mental Health Facility
   M. Substance Abuse Treatment Center

N. Subsidized Housing- Where part or all of the rent or mortgage is paid by others, e.g. Section #8 housing
O. Transitional Housing-Housing owned by a service provider or leased. May have own housing unit or individual bedroom with shared facilities. Period of residence is usually 9-24 months
P. Hotel/Motel
Q. Other

5. **In Which County Were You? –** This is a picklist where you select the county where the client spent the previous night.
6. **In Which State Were You?** – This is a picklist where you select the state where the client spent the previous night.
7. **When Did Present Homelessness Begin?** – This is a date field. If homelessness began before midnight consider it the previous day and if it began after midnight consider it the present day. Provide two digits for the month and day, but four digits for the year (mm/dd/yyyy) .If the date is unknown, provide your best guess. For a shelter visit, this date would represent the day before the first day of residence in a shelter program.   For example, the first date of service may be the date a person is admitted into a shelter, after residing in an abandoned building or with relatives the night before. For services, this date would be the last day before a service was provided, or a period of continuous service began. For example, if a person will receive daily counseling as part of an ongoing treatment program, the person would be homeless the day before the date of enrollment in the treatment program. A person is considered homeless again if they miss one full day or more of a residential service being provided. *State requirement.*
8. **Homeless Verification on File –** This is a picklist where you are given a number of choices to indicate how it was verified that a client was, in fact, homeless. Select the phrase that best describes how the persons homelessness was verified. One of the five selections offered must be used. *State requirement.*
    A. Formal eviction documentation-Letter, fax, or printed email from landlord, management company, court, etc.
    B. Signed client statement with confirmation statement- Agency statement with client confirmation statement included
    C. Verification from an institution- Either email or a letter that can be kept on file, or a note of verbal verification that includes verification persons name, telephone number and date.
    D. Verification from an outreach worker (for on the street)- Either email or letter that can be kept on file, or a note of verbal verification stating verification persons name, telephone number and date.
    E. Verification from referring agency/shelter- Either an email or a letter that can be kept on file, or note of verbal verification stating verification that includes persons name, telephone number and date.
9. **Homelessness Primary Reason –** This is a picklist where you are given a selection of the most common reasons a person may be homeless. Select the phrase that best describes the primary reason for the client being homeless. *State requirement.*
    A. Addiction- Substance/Gambling abuse
    B. Can't Find Affordable Housing-Income too low or inconsistent for available rental properties
    C. Denied/delayed/terminated public assistance
    D. Disaster (fire, flood, etc.)
    E. Discharge – hospital or detox unit
    F. Eviction-Formal or informal, asked or ordered to leave present location
    G. Family/domestic violence-when it is no longer considered safe to remain in current living situation
    H. Family/personal illness- Poor health was primary reason for homelessness
    I. In transit-In process of traveling from one location to another
    J. Jail/prison
    K. Lifestyle Preference – Client states they prefer to be homeless as a lifestyle
    L. Low or no Income- Cannot afford available rental properties
    M. Moved (not work related) – Move was not forced as a result of work place
    N. Moved to Seek Work
    O. Needs Better Environment- Not healthy or safe to continue present living situation
    P. Non-Renewal of Lease – Landlord or property management refused to renew lease
    Q. Physical/Mental Difficulties – Where physical or mental health problems led to homelessness

R.   Poor Rental/Credit History
S.   Roommate or Family Conflict
T.   Transient-Is not interested in settling down at any one location
U.   Unable to pay rent/mortgage – Low income or inconsistant income
V.   Unemployment
W.   Other

10. **Homelessness Secondary Reason -** This is a picklist where you are given a selection of the most common reasons for homelessness. Select the phrase that best describes the secondary reason for homelessness.(See list provided in question 9)

11. **RESIDENTIAL INFORMATION –** The Residential Information sub-assessment concerns information about the last place of residence for a client. Residence is defined as a location considered suitable for human habitation by the local city or county. If the client is part of a household, then residence information should be provided for the head of household and each homeless member of the household. NOTE: Each address can be marked permanent or temporary.

11A.   County of Residence – Open the Residence Sub-Assessment by clicking on the word "Add". The word "Add" is used because you will be creating or adding an residential record. A picklist of all the counties in the State is provided next to the word, "county". If the last residence for a client was in a county outside the State of Wisconsin select "Out of State," the last selection in the list. Once you complete one or more records it is possible to show record summaries on the Entry screen in the sub-assessment box by just clicking "Refresh List" or "Show List In Window". *State requirement.*

11B.   Client's Street Address – A text box where you can insert the street name and house number of your client's last temporary or permanent residence. *State requirement.*

11C.   Client's Apartment Number – A text box where you can insert the number of the client's apartment at their last temporary or permanent address if their last residence was an apartment. *State requirement.*

11D.   Client's City – This is a picklist of the cities in Wisconsin. Select the city where the client last lived. *State requirement.*

11E.   Client's State - This is a picklist. Select the state the where the client's last residence was located. *State requirement.*

11F.   Client's ZIP – A text box where you can insert the federal zip code for the client's last residence where they lived 90 days or more. *This is expected to be a HUD Required Field(2.8).*

11G.   Permanent Residence - A "yes" or "no" question. Select "yes" if the client considers their last residence permanent (90 days or more). *State requirement.*

11H.   Residence Start Date – The date the client starting living at their last residence address 90 days or more temporary or permanent. Provide two digits for the month and day but four digits for the year (mm/dd/yyyy…use "x" for missing numbers). *This is expected to be a HUD Required Field (2.7).* For a shelter visit, this date would represent the first day of residence in a shelter program following residence outside of the shelter or in another program. For example, the first date of service may be the date a person is admitted into a shelter, after residing in an abandoned building or with relatives the night before. It may also represent the first date of residence in a transitional program after transferring from an emergency shelter program.

11I.   Residence End Date – The date the client stopped living at their last residence temporary or permanent. Provide two digits for the month and day but four digits for the year (mm/dd/yyyy…use "x" for missing numbers). *This is expected to be a HUD Required Field (2.7 2.9).* For a shelter visit, this date would represent the last day of residence in a shelter program before the day that the client transfers to another residential program or otherwise leaves the shelter. For example, the last date of service would be the last night the person stayed at the shelter prior to moving into permanent or transitional housing, or failing to return to the shelter.

11J.   **Reason for Leaving this Residence** – Select from choices provided the reason the client left their last residence. Most terms are self-explanatory.   If a valid reason is not found on the list, select "other". *State requirement*.

1. Addiction – Substance or gambling abuse problems
2. Can't afford rent/mortgage- Can't keep up with payments from month to month due to low or inconsistant income
3. Denied/delayed/terminated public assistance
4. Disaster (fire, flood, etc.)
5. Eviction- Either formally or informally, asked to leave present location
6. Family/domestic violence
7. Family/personal illness/injury- Where health is the primary reason for leaving residence
8. Jail/prison
9. Lease dispute
10. Low or no income
11. Moved
12. Needs better environment- Where mental or physical health is in danger
13. Non-renewal of lease – Where landlord or property management refused to offer a new lease
14. Other
15. Physical/mental disabilities- Where physical or mental health problems made it necessary to leave
16. Ran away
17. Roommate/family conflict
18. Separation/divorce
19. Shelter days available used
20. Unemployed

11K   **Home Phone Number** – Area code plus telephone number at last place of residence. If no residence based telephone was used show a cell phone number if a cell phone was used.

12. DEMOGRAPHIC INFORMATION

12A. Household Type – Select from choices provided the words that best describe the client's household. All possible household types are not listed here, just those that will be used in statistical reporting. Use "Other" if a household type you need is not shown. *State requirement*.

12B. Marital Status – Select from choices provided the words that best describe the client's marital status. *State requirement*.

12C. Number of Children in the Household – This is a text box where you can indicate the number of children in the client's household. A person less than age 18 is considered to be a child. The child/children do not need to be a blood relative of the adult. *This is expected to be a HUD Required Field (3.10, 3.16).*

12D. Number of Children not in the Household - This is a text box where you can indicate the number of children not in the client's household. A person less than age 18 is considered to be a child. The child/children not in the household should be a blood relative. *This is expected to be a HUD Required Field (3.10, 3.16).*

12E. Speaks English? – A "yes" or "no" question. Client should be able to speak English well enough to carry on a basic conversation and answer simple questions.

12F. Primary Language Spoken – A picklist where you can select the language the client speaks most often and most fluently.

12G. Highest Level of Education Attained – Select from choices provided the words that best describe the highest level of **public** education the client has attained. Self study and other forms of informal education are not included here. Choices are self-explanatory. *This is expected to be a HUD Required Field (3.10, 3.16).*

12H. U.S. Military Veteran? – A "yes" or "no" question. A person enlisted in the military for an established term of service. Military service for other countries does not apply here. Military service in the Inactive Military Reserves or the National Guard is not counted here unless the client is called up to active duty. *This is expected to be a HUD Required Field (2.6).*

12I. Peace Time Service Only? – A "yes" or "no" question. A client's entire period of military service was over a period when the U.S. was not engaged in an armed conflict with another country.

12J. If No in Question 27, Service Era – Select from choices provided including "Other" the words that best describe the period the client was in the military.

13. **FINANCIAL AND EMPLOYMENT INFORMATION**

    13A. Employment Status – Select from choices provided the words that best describe the client's employment status. *This is expected to be a HUD Required Field (3.11).*

13A1. Full-Time – At least 35 hours a week at one job

13A2. Part-Time – Less than 35 hours a week

13A3 Unemployed – Seeking work

13A4 Unemployed – Not seeking work

13A5 Student-Full time

13A6. Not job ready or employable --- Physical, mental, emotional, or other problems prevent employment

    13B. Employment Type – Select from choices provided the words that best describe the client's type of employment. *This is expected to be a HUD Required Field (3.11).*

13C. SUB-ASSESSMENT /Monthly Income - This sub-assessment is found under the **Financial and Employment Information** heading of the Entry screen. To open it, just click on the "Add" button in the upper right hand corner of the sub-assessment box. The word "add" is used because you will be creating or adding an income record. Once you complete one or more records it is possible to show record summaries in the Monthly Income sub-assessment box by just clicking "Refresh List" or "Show List In Window" in the lower right hand corner.

The word, "Income" as it is used here means cash or a cashable check in the client's hands that they can use to spend on anything they wish to purchase. If the benefit received is not cash or a cashable check then it is not considered income here. Some typical examples of income include: wages, child support, alimony, unemployment compensation. Note: Do no include income of any persons in household who is 18 years of age or older…this should be reported separately.

Contrast the definition of "Income" with the definition of "Mainstream Resources" (See #32). Mainstream resources do not involve a direct cash or a cashable check payment to the client, instead the client receives "In Kind" services. Some examples of in-kind services include: Food Stamps, medical assistance, housing/rent assistance, substance abuse treatment and TANF child care.

13C1. Payment Schedule – This is a picklist that allows you to indicate the frequency of income received.

13C2. Last 30 Day Income – For each source of income, this text box will allow you to insert the client's actual income, or best estimate possible, for the 30-day period prior to coming to your agency. Round up or down to the nearest dollar amount. Multiple sources of income will require you to complete multiple "Last 30 Day Income" records, one for each source. *This is expected to be a HUD Required Field (3.1)*

13C3. Last 90-Day Income - This is a text box that will allow you to insert the client's actual income, or best estimate possible, for the 90-day period prior to coming to your agency. Round up or down to the nearest dollar amount. Multiple sources of income will require you to complete multiple "Last 30 Day Income" records, one for each source.

13C4. Source of Income – Select from choices provided the words that best describe the source of a client's income. Multiple records may need to be created if there are multiple sources of income. You can create multiple records by clicking on the gray bar at the bottom of the sub-assessment screen called, "Save and Add Another". *This is expected to be a HUD Required Field (3.1)*

13C5. **Start Date** – The date the client started earning cash or a cashable check from a single source. Provide two digits for the month and day but four digits for the year (mm/dd/yyyy…use "x" for missing numbers). Multiple Start Date records may need to be created if there are multiple sources of income. This date should represent the date of service or the first date of service in a program (e.g. first day of counseling). Any return to a program one day or more after the last date of utilization must be recorded as a new program entry date. *State requirement*.

13C6. End Date - The last date the client received cash or a cashable check from a single source. Provide two digits for the month and day but four digits for the year (mm/dd/yyyy…use "x" for missing numbers). Multiple records may need to be created if there are multiple sources of income. *State requirement*.

5. **SUB-ASSESSMENT/ Mainstream Resources Received** – "Mainstream Resources" is a term that is often used in reference to a wide variety of social services provided by private service agencies or government offices to homeless and low income persons. The resources provided do not involve a direct cash or a cashable check payment to the client instead they are known as "In Kind" services. Some examples of in-kind include: Food Stamps, Medicare, case management, housing/rent assistance, and substance abuse treatment.

The Main Stream Resources Received sub-assessment is found under the **Financial and Employment Information** heading of the Entry screen.   To open it, just click on the "Add" button in the upper right hand corner of the sub-assessment box. The word "add" is used because you will be creating or adding a record.

Multiple records may need to be created if multiple services are being provided. Once you complete one or more records, summaries of these records can be shown in this sub-assessment box by just clicking "Refresh List" or "Show List In Window" located in the lower right hand corner of the sub-assessment box.

14A. Mainstream Resources Type - Select from choices provided the words that best describe the mainstream resources received by the person. If there are multiple mainstream resources received then complete multiple records by clicking on "Save and Add Another" gray bar at the bottom of the screen. *This is expected to be a HUD Required Field (3.2*

 14A1. Badger Care
 14A2. DVR –Department of Veterans Affairs benefits
 14A3. General Public Assistance --- Local unit of government provides temporary assistance
 14A4. Healthy Start
 14A5. Medical Assistance
 14A6. Medicare
 14A7. Mental Health Block Grant Services --- Treatment or prescription drugs
 14A8. Section 8 or Public Housing
 14A9. Substance Abuse Block Grant Services --- Counseling, therapy sessions, medications
 14A10. TANF Childcare
 14A11. TANF Transportation
 14A12. VA Medical Services --- All services received directly from Department of Veterans Affairs
 14A13. Workforce Investment Act (WIA) --- subsidized job training
 14A14. Women, Infant Children (WIC)

14B. **If Ended Reason** – A text box where you can briefly explain why in-kind assistance was terminated.
14C. Start Date - The date the client started receiving in-kind assistance. Provide two digits for the month and day but four digits for the year (mm/dd/yyyy…use "x" for missing numbers). If there was more than one source of in-kind assistance then provide a start date for each record. *This is expected to be a HUD Required Field (3.2)* For services, this date may represent the day a service was provided, or the first date of a period of continuous service. For example, if a person receives daily counseling as part of an ongoing treatment program, the first date of service could be the date of enrollment in the treatment program. Any return to a program one day or more after the last date of utilization must be recorded as a new program entry date.
14D. End Date - The date the client stopped receiving in-kind assistance. Provide two digits for the month and day but four digits for the year (mm/dd/yyyy…use "x" for missing numbers). If there was more than one source of in-kind assistance then provide a end date for each record. *This is expected to be a HUD Required Field (3.2)* This date may represent then last day a service was provided or the last date of a period of continuous service. For example, if a person has been receiving daily counseling as part of an ongoing treatment program and either formally terminates their involvement or fails to return for counseling, the last date of service could be the date of termination. If a client has not utilized a program for one day or more, the last day of utilization must be recorded as the program end date.

SERVICES PROVIDED

15. Motel Voucher, Number of Nights - This is a field where you can indicate the number of nights a client used a motel voucher. A night is considered to be any extended time period of six to ten consecutive hours between sundown and sunrise. *State requirement*.

WISP 3.0 Selecting the Entry Report Format

When entering client data that needs to be tracked in a report, you will need to use the data collection screen found under the Entry brown button. The second item down on that screen will ask you to specify the type of report you want the client data to go into. The choices are: HUD 40118, Standard Entry, Basic Entry/Exit, and Quick Call . The table below shows you which type of report goes with each type of program or project that you may have.

Program Type	WI Entry Assessment Report Type
Emergency Shelter	N/A
Transitional Shelter	N/A
Safe Haven	HUD 40118 (if SHP funded) **OR** Basic Entry/Exit (if not SHP funded)
Transitional Housing (Includes non-DHIR & DHIR funded)	Basic Entry/Exit
Supportive Housing Program	HUD 40118
Permanent Supported Housing	HUD 40118
Rental Assistance	Standard Entry
Motel Voucher	Standard Entry
WI Call-In/Screening	Standard Entry
WI Food Pantry	Standard Entry
Impact Call-In	Quick Call